

Application For Exemption

INSTRUCTIONS: Complete all parts of this application. The Department of Treasury may request additional information.
FILE WITH: Local Audit & Finance Division, Michigan Department of Treasury, P.O. Box 30728, Lansing, MI 48909-8228.
Direct questions to (517) 373-0660 or e-mail to TREAS_LAFD@michigan.gov.

The municipality identified below applies for an exemption from the following requirements:

☐ Refunding Exemption ☐ Rating ☐ Discount Exceeding 10% ☐ Other

Legal Name of Municipality	Legal Classification	County(ies)
Title of Security		
Amount of Security	Issue Date	Date of Sale or Delivery

REASON FOR REQUEST

ADVANTAGES TO MUNICIPALITY

CERTIFICATION: I, the undersigned, certify that this application and the attachments were authorized by the governing body of this municipality and that they are complete and accurate in all respects.

Name of Bond Attorney	Name of Firm	Date
Name of Financial Consultant	Name of Firm	Date
Chief Administrative Officer Name (Typed or Printed)		Chief Administrative Officer's Signature
Municipal Address		Telephone Number ()
		Date